



Technical, Managerial, and Financial Support for Lead Service Line Replacement (TMF LSLR) Grant Example Request for Proposals

This form should not be submitted as an application for TMF funding.

This document is for informational purposes only and has been created with the intention of providing applicants the necessary information that will ultimately need to be submitted as part of the grant application.

Beginning **January 1, 2024, through January 31, 2024**, an electronic version of the application can be found on the [TMF website](#). All grant activities must be complete by **September 15, 2026**.

Eligibility: Publicly owned Type I Community Water Supplies are eligible to submit proposals. Applicants must not appear on the Federal Debarment and Suspension List (www.sam.gov/SAM/), and must be in good standing with EGLE programs (i.e., no EGLE grant revoked or terminated and no demonstrated inability to manage a grant or meet obligations in a project contract with EGLE).

Eligible Activities – Check all that apply	
<input type="checkbox"/>	Activities related to service line materials verification or for developing a lead service line replacement program, including potholing/hydrovacating/trenching for inventory/planning purposes.
If the above scope is included, proposals can also include:	
<input type="checkbox"/>	Project planning document development related to lead line replacements
<input type="checkbox"/>	Outreach/education in support of lead service line replacement activities

Applicant Information	
Municipal Applicant Legal Name (Legal Name for Grant Agreement):	
Project Location (County and City/Village/Township):	
Population Served:	
<input type="checkbox"/> Applicant is part of a regional system that serves more than one municipality (city, township, village) If selected, provide a list of municipalities served by system:	
Project Contacts	
Project Contact 1 – Authorized Signatory (must be a municipal employee)	Project Contact 2
Name:	Name:
Title:	Title:
Address:	Address:
Phone Number:	Phone Number:
Email:	Email:

Applicant Identifying Information
SIGMA Vendor Number: If applicable, SIGMA Address Code: Please ensure that the address listed above matches the address listed in the applicant's SIGMA Vendor account, to which payments will be sent.
Federal ID Number:
Unique Entity Identifier (UEI): The UEI number is a 12-character, alpha-numeric code assigned by the US General Services Administration and replaces the federal DUNS number.
<input type="checkbox"/> Confirmation that applicant has verified UEI number is listed in their SIGMA Vendor account If you have questions or need assistance inputting the UEI number, please contact the SIGMA VSS Support Center at: SIGMA-Vendor@Michigan.gov or by calling (517) 284-0550.
Public Water System ID Number:
Brief Project Workplan/Summary
Number of service lines to be verified using grant funding:
<input type="checkbox"/> Confirmation that the number of service lines indicated above are all suspected or unknown but not confirmed to contain lead
Please clearly outline proposed activities related to lead service line replacement (LSLR) project planning document development and/or outreach/education in support of LSLR:
Budget Breakdown and Justification

Lead Service Line Material Verification Costs	\$
LSLR Project Planning Document Development Costs	\$
LSLR Outreach/Education Costs	\$
Project Cost Subtotal	\$
Requested Grant Amount*	\$

*Total requested grant amount cannot exceed \$600,000.

Applicant has attached a detailed budget breakdown of estimated project costs for each proposed activity AND documentation of those costs (may include vendor estimates/quotes, contracts, etc.). <input type="checkbox"/> This should be more detailed than the budget table shown above. Please attach this as single, combined PDF. If your project requires additional attachments, please email: EGLE-DWGrants@michigan.gov

Federal Reporting Questions		
Due to the federal source of funding for American Rescue Plan grants, we are required to report the following community-specific information to the US Treasury. Please note, however, that your answers to these questions do not impact your grant funding.		
a. Please confirm whether the community prioritizes local hires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the community have a Community Benefits Agreement (CBA)? A CBA is an agreement between developers, public, and private entities, and community-based organizations to address concerns or existing or potential harms. CBAs typically depend on community needs, size, and anticipated impacts from a proposed development project, facility expansion or operation, and the bargaining power of the community group and project developer. Benefits typically include: living wage requirements, "first source" hiring programs, space allocation and needs, emission reduction and traffic rerouting, environmental improvements such as stormwater infrastructure, continuous air quality monitoring, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the community have a certificate for a project labor agreement, meaning a pre-hire collective bargaining agreement consistent with section 8(f) of the National Labor Relations Act (29 U.S.C. 158(f))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer to c. above is "no" then we will need responses to the following questions:		
How will your community ensure the project has ready access to a sufficient supply of appropriately skilled and unskilled labor to ensure high-quality construction throughout the life of the project, including a description of any required professional certifications and/or in-house training?		
How will your community minimize risks of labor disputes and disruptions that would jeopardize timeliness and cost-effectiveness of the project?		

How will your community provide a safe and healthy workplace that avoids delays and costs associated with workplace illnesses, injuries, and fatalities, including descriptions of safety training, certification, and/or licensure requirements for all relevant workers (e.g., OSHA 10, OSHA 30)?		
Will workers on the project receive wages and benefits that will secure an appropriately skilled workforce in the context of the local or regional labor market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the project have a completed project labor agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Applicant Signature	
Print Name:	
<input type="checkbox"/> By checking this box, I certify that I am authorized to submit funding applications on behalf of the applicant municipality.	
Signature:	Date: